1. PURPOSE

To ensure staff are provided with guidance on best practice principles when interacting with clients and residents who are exhibiting behaviours of concern including but not limited to aggression, dementia, delirium etc.

2. WHO DOES THIS POLICY APPLY TO

This policy applies to staff, clients, residents, visiting health professionals and the stake holders of Mercy Services.

3. POLICY

Mercy Services will adopt a person centred approach to the care of both community clients and residents. This will encompass both a holistic and individualised approach as each person is seen as unique.

This person centred care will accommodate the individual differences and requires a thorough understanding of the person including culture, language, religious background, sense of identity and life experience.

Clients and residents are assessed on admission to service to include important information regarding the person. This is imperative to inform the effective assessment, treatment and delivery of appropriate interventions that are tailored to the person's specific needs and the service to be provided.

Clients and residents whose behaviors exceed the capacity of the service, or the environment which the service is provided, may be referred for further assessment and possibly transferred to another service appropriate to their needs.

All Community Care clients who receive personal care and all Singleton Aged Care residents will have profile conducted on admission that looks at the person gathering information on what makes them who they are. For example, Likes/Dislikes, Social History, how I react when I'm in pain or scared etc.

Mercy Services Singleton will also have a Person Centred Behavior Plan (PCBP) attended on admission and will then be reviewed if there is deterioration of resident condition.

Community Clients will only have a Person Centred Behavior Plan attended if required.

External PCBP are accepted when constructed by a recognised treating doctor or health professional

Mercy Services Community Services reserves the right to refuse admission of clients to day programs if there are concerns the client's current and /or recent behaviour is outside our scope of practice and/or Mercy Services feels the client's current behaviours may endanger themselves, other clients or staff.

4. PROCEDURE

4.1 Opportunities for challenging behaviours to occur are reduced by:

a) Staff interacting with resident, clients, visitors and colleagues in a respectful, calm, genuine and professional manner
b) Providing clear information and instructions that can be understood even in stressful situations
c) Providing person centred care that is consumer driven – not based on business convenience decisions
d) Promoting good communication between health care professionals/carers
e) Promotion of the Rights and Responsibilities of residents and community care clients
f) Implementing a predictable routine with a range of meaningful activities (that are applicable to that individual)
g) Supporting individual care goals
h) Ensuring staff are aware of the client history and understand the client profile
i) Staff are trained in the appropriate interventions for each client/resident
j) Avoidance of known triggers

4.2 Interventions for behaviours

Mercy Services will attempt to engage clients/residents and responsible person/ guardian in the process of identifying positive behavioural goals, understanding behaviours of concern and developing intervention strategies to foster positive client behaviour and the minimisation of client behaviours of concern.

Mercy Services is committed to ensuring that behaviours of concern exhibited by clients are dealt with promptly and appropriately, having due regard for the rights of the client, the rights of any other person(s) affected by the behaviour and the organisation's duty of care obligations.

The following can be utilised as interventions in reducing the duration of challenging behaviours

a) Remaining calm at all times
b) Employing active listening skill to what the client/resident is trying to convey and provide reassurance.
c) Using clear short clear sentences in a lower tone of voice
d) Following the PCBP
e) Spending 1:1 time with client/resident and actively engaging with them
f) Assess client
    - For physical causes of behaviours (for example pain, unwell, UTI, dehydration, constipation, medication issues etc.). Refer for an assessment if required.
    - Is this a new behaviour or exacerbation of known behaviours?
g) Assess the environment. Has anything changed? Can this be managed?
h) Employing a range of diversionary and de-escalation activities
    - Distraction or diversion
    - Staff training in managing and approaching clients
    - Peaceful environment

- Music
- Exercise
- Avoidance of identified triggers
- Appropriate levels of light
- Developing a written contract with the client regarding acceptable behaviours and the response to inappropriate behaviour
- Reassurance with familiar objects
- Family support or other socialisation
- Noise and crowd reduction

i) Encourage client/resident to a safe environment to calm down (if necessary) away from crowds, into bedroom in residential or other known safe space to resident
j) Ensure physical needs are meet (such as toileting etc.)
k) Seek assistance from your supervisor, person responsible or GP as required.
l) ***<u>If there is immediate danger to either client, volunteer, staff or community than the ambulance or police (as appropriate) will be called to assist</u>***

4.3 High Risk Behaviours

Safety of staff, client and residents remains paramount of all times. If the client, resident or staff member remains at risk of injury following initial appropriate interventions, the following may need to occur:

a) Services may be considered for suspension while the community client may be referred to for assessment and new Person Centred Behaviour Support Plan developed by an external party who specialise in such behaviours.
b) Clients and residents whose behaviours exceed the capacity of the service, or the environment which the service is provided, may be referred for further assessment and possibly transferred to another service appropriate to their needs.
c) In community care; if service is suspended or terminated the client should be advised immediately giving the reasons why the service will not be provided. The Coordinator (or delegate) should make sure that the client or person responsible/guardian understands the reasons for the suspension/termination.
d) If there is immediate danger to either client, volunteer, staff or community than the ambulance or police (as appropriate) will be called to assist
e) Restrictive practices such as Restraints (e.g. chemical or physical) may be considered by Singleton Aged Care. Please refer to SAC Restraints Policy.

4.4 Increasing confusion

The reasons for increased confusion should be investigated thoroughly to determine any external or internal factors that may be affecting the resident/clients condition such as physical illness. This may include a recent fall, medication change, or environmental change. In the event of New or Suddenly Worsening Confusion:

- Singleton Aged care should follow the ACE Manual for Managing New Confusion or Suddenly Worsening Confusion
- Care staff in the community should notify the coordinators who will contact the responsible person/family to arrange medical review.

4.5 Behaviours of concern must be recorded

- Any behaviours of concern should be recorded in the client record including any referrals for assessment. In the community setting, any concerns should be notified to the responsible person/facility that the client resides
- An incident report form will be completed following any display of behaviours of concern that was seen as a risk to possible injury or did in fact cause injury to the client/resident or staff (how minor is irrelevant). Notifiable incidents will be attended as per the Incident Management Policy G17

5. KEY PERFORMANCE INDICATORS

100% of clients and residents have a profile completed
100% of residents have a PCMP insitu
100% recording of notifiable incidents within appropriate timeframes

6. EXPECTED OUTCOME

Behaviours of concern will be prevented and/or appropriately managed. The rights of the clients/residents will be maintained whilst ensuring appropriate duty of care for both client/resident and staff at all times.

7. DEFINITIONS

Behaviour of concern is defined as including:

- Self-injury and self-mutilation (or threat of same) especially when it leads to physical trauma and/or disfigurement.
- Abusive, violent or dangerous behaviour/language which has the potential to cause physical injury or emotional trauma to others - physical and verbal.
- Persistent refusal to follow necessary and agreed treatment procedures for medical conditions such as epilepsy, diabetes or other conditions that, if not treated, will further endanger the person's health.
- Constant refusal to participate in agreed activities such as employment, recreation, social events or household routines.
- Absconding from the home and/or creating a nuisance in public including wandering the streets, begging, harassing, soliciting or engaging in criminal activities.
- Extreme manipulative behaviour including mischievous accusations against others, inappropriately engaging emergency support services or persistently over-using medical and other professional services.
- Offensive behaviour including extracting, eating or smearing faeces or other body products, engaging in sexual activities in public places, or generally behaving in a manner likely to elicit negative community reactions.

Delirium - is a state of fluctuating organic mental confusion characterised by an acute change in the state of consciousness, attention and cognition

Depression - is an abnormal emotional state characterised by exaggerated feelings of sadness, worthlessness and hopelessness, which are out of proportion with reality. It creates a sustained impairment in physical, social and psychological functioning

Dementia - is a syndrome characterised by changes in thinking, behaviour and ability to perform tasks of daily living. It is caused by one or a combination of conditions that affect the brain. Most of these conditions are irreversible. Dementia can affect memory, attention, thinking, perception, judgement, language, emotions, behaviour and/or physical function

8. REFERENCES

NSW Ministry of Health. Working People with Challenging Behaviours in Residential Aged Care Facilities GL2006_014
NSW Ministry of Health Aggression, Seclusion &Restraint in Mental Health Facilities. Guidelines Focused Upon Older People GL2012_005

ACE Aged Care Emergency Manual September 2016

9. OTHER RELATED POLICIES OR PROCEDURES

G.17 Incident Investigation Policy
G.16 Emergency Response
SAC Restraint Policy

10. VERSION CONTROL AND CHANGE HISTORY

Version	Date Reviewed	Amendments
1.0		New policy

Appendix 1 **PERSON CENTRED BEHAVIOUR PLANS**

Name: **DOB:**

Communicating With Me	I Like (Or Need)	I Do Not Like (Avoid)
Desired behaviours		
Approaching Me		
When I'm quiet		
What triggers my change in behaviour		
Preventative strategies the work for me		
When I'm becoming agitated or distressed/early warning signs (de-escalation strategies that work for me)		
When I am agitated distressed or exhibiting a challenging behaviour (can describe)		
Prepared by:	Signature:	Date: